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PTO/SB/22 (12-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        | Docket Number (Optional)   |                                                       |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
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| Application Number <b>10/806,358</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | Filed <b>03/19/2004</b>    |                                                       |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| For <b>FORMULATION OF ANTIGEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                            |                                                       |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| Art Unit <b>1644</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | Examiner <b>Yunsoo Kim</b> |                                                       |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ <b>1020.00</b> <input checked="" type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>50-3259</b> <input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <b>31,954</b> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p>_____<br/>Signature<br/><b>ROGER A. GILCREST</b><br/>_____<br/>Typed or printed name</p> <p>_____<br/>Date<br/><b>August 2, 2006</b><br/>_____<br/>Telephone Number<br/><b>614-462-1055</b></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <b>1</b> <input checked="" type="checkbox"/> forms are submitted.</p> |        |                            |                                                       |  | Fee | Small Entity Fee |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ <b>1020.00</b> <input checked="" type="checkbox"/> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fee    | Small Entity Fee           |                                                       |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$120  | \$60                       | \$ _____                                              |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$450  | \$225                      | \$ _____                                              |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1020 | \$510                      | \$ <b>1020.00</b> <input checked="" type="checkbox"/> |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$1590 | \$795                      | \$ _____                                              |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$2160 | \$1080                     | \$ _____                                              |  |     |                  |  |                                                        |       |      |          |                                                         |       |       |          |                                                                      |        |       |                                                       |                                                          |        |       |          |                                                          |        |        |          |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |                                    |                |                |
|-------------------------------------------------------|-----------------------------------|------------------------------------|----------------|----------------|
| 1 Date of Request: <u>9-20-07</u>                     |                                   | 2 Serial/Patent # <u>10/806358</u> |                |                |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER                     | 5 DATE FILED   | 6 AMOUNT       |
|                                                       | Filing                            |                                    |                | \$             |
|                                                       | Amendment                         |                                    |                | \$             |
| <input checked="" type="checkbox"/>                   | Extension of Time                 |                                    | <u>8/4/06</u>  | \$ <u>1020</u> |
|                                                       | Notice of Appeal/Appeal           |                                    |                | \$             |
|                                                       | Petition                          |                                    |                | \$             |
|                                                       | Issue                             |                                    |                | \$             |
|                                                       | Cert of Correction/Terminal Disc. |                                    |                | \$             |
|                                                       | Maintenance                       |                                    |                | \$             |
|                                                       | Assignment                        |                                    |                | \$             |
|                                                       | Other                             |                                    |                | \$             |
| 7 TOTAL AMOUNT OF REFUND                              |                                   |                                    | \$ <u>1020</u> |                |
| 8 TO BE REFUNDED BY:                                  |                                   |                                    |                |                |
| 10 REASON:                                            |                                   | Treasury Check                     |                |                |
|                                                       | Overpayment                       | X Credit Deposit A/C #:            |                |                |
|                                                       | Duplicate Payment                 | 9 <u>50--3259</u>                  |                |                |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |                                    |                |                |
| <u>Late</u>                                           |                                   |                                    |                |                |
|                                                       |                                   |                                    |                |                |
| 11 REFUND REQUESTED BY:                               |                                   |                                    |                |                |
| TYPED/PRINTED NAME: <u>Frances Hicks</u>              |                                   | TITLE: <u>Petitions Examiner</u>   |                |                |
| SIGNATURE: <u>Frances Hicks</u>                       |                                   | PHONE: <u>x23218</u>               |                |                |
| OFFICE: <u>Office of Petitions</u>                    |                                   |                                    |                |                |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |                                    |                |                |
| APPROVED: <u>CKH</u>                                  |                                   | DATE: <u>9/20/07</u>               |                |                |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*